Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>6/8/2010</u>	Address:	800 Block !0 th St
Case #:	<u>42F30694</u>		Columbus, IN
County:	<u>Bartholomew</u>		<u>46201</u>
Operation Operation	aboratory Seizure (check one) onal Lab al/Glassware/Equipment (only) te (only)	Seizure Location (compared Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Corrosi	nd: Location (bedroom, kitchen, open aint apply) Ammonia Reaction(s): Disphorous/Iodine Reaction(s): Belle Solvents: Reactive Metal (Lithium): OUS Ammonia: Vehicle Coulon Acid Gas Generator(s): We Acid: The Base: tem and location): The belle solvents is the country of t	<u>r, etc)</u>	
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agence Fire Department: Bartholomew		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: Field Contact **Cies that serve the location*: Fax: 812-379-1689	
-	partment: Bartholomew	Fax: 812-379-3024 Fax: 812-379-5111	
Child Prote	ection Service: <u>Bartholomew</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: S/Trooper Rick Hewitt Phone (812) 689-5000			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.